



Southwestern Forensic  
Associates, Inc.

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

**Date notice sent to all parties:** July 9, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Tizanidine 4 mg three times daily by mouth

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with  
Certificate of Added Qualifications in Pain Management, in practice of Pain Management  
full time since 1993

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse  
determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer finds that the requested Tizanidine 4 mg three times daily is not indicated  
for this patient.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. TDI referral information
2. Denial information

3. Letter contesting non-certification, MD, 5/16/12
4. Letter from MD, MD, 4/27/12
5. Office Notes, MD, 8/15/08-6/20/12
6. Request for spinal cord stimulator, MD, 7/30/07
7. Office Notes, MD, 10/17/05-1/31/05

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This female sustained a work-related injury on xx/xx/xx. There is persistent knee and leg pain. Multiple injections have been performed and a spinal cord stimulator trial has also been completed. The diagnosis is CRPS Type II. The current regimen is Buprenex, trazodone, and Lidoderm, along with tizanidine. The appeal indicates tizanidine 4 mg three times daily is prescribed and the office visit on 06/12/12 indicates that the dose of tizanidine is 2 mg three times daily.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The Official Disability Guidelines do not endorse muscle relaxants including tizanidine for chronic use. I appreciate Dr. request for continuing this medication. Patients with CRPS Type II are difficult to manage and the current regimen allows this claimant some degree of enhanced function; but, it is unclear the extent to which the tizanidine is enhancing her comfort and functional status.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- \_\_\_\_\_ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- \_\_\_\_\_ AHCPR-Agency for Healthcare Research & Quality Guidelines.
- \_\_\_\_\_ DWC-Division of Workers' Compensation Policies or Guidelines.
- \_\_\_\_\_ European Guidelines for Management of Chronic Low Back Pain.
- \_\_\_\_\_ Interqual Criteria.
- \_\_\_\_\_ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- \_\_\_\_\_ Mercy Center Consensus Conference Guidelines.
- \_\_\_\_\_ Milliman Care Guidelines.
- ☒ X\_\_\_\_\_ ODG-Official Disability Guidelines & Treatment Guidelines.
- \_\_\_\_\_ Pressley Reed, The Medical Disability Advisor.
- \_\_\_\_\_ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- \_\_\_\_\_ Texas TACADA Guidelines.
- \_\_\_\_\_ TMF Screening Criteria Manual.
- \_\_\_\_\_ Peer reviewed national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)